With Health Security Agency

Diagnostic decision tool for adults with a urinary catheter who have a suspected catheter associated UTI (CAUTI)

Excludes adults with recurrent UTI. When using this tool, refer to the <u>Background</u> and the corresponding web text for more information on clinical decision making and target groups.

Urinary symptoms/signs, abnormal temperature, non-specific signs of infection

YES

Do not perform urine dipsticks: Most adults with urinary catheter in place for more than one month, will have bacteria present in the bladder/urine without infection. Asymptomatic bacteriuria is not harmful, and although it causes a positive urine dipstick, antibiotics are not beneficial and may cause harm

ALL Consider Genitourinary Syndrome of Menopause (vulvovaginal atrophy), urethritis (caused by irritation or inflammation), sexually transmitted infections, and prostatitis. Follow relevant management and safety-netting guidance 1. THINK SEPSIS - check for symptoms/signs If suspected sepsis OR pyelonephritis using local or national tool such as NICE, RESTORE2 if urinary catheter for more than 7 days: consider YES or NEWS2 changing (if possible remove) as soon as possible but do not delay antibiotics **PYELONEPHRITIS** - check for any new obtain urine specimen before antibiotics are taken symptoms/signs and send for culture (from new catheter if changed), kidney pain/tenderness in back, under ribs but do not delay treatment flu-like illness[†] immediately start antibiotic/management for upper nausea/vomiting⁺ UTI/sepsis using local/national guidelines for sepsis or shaking chills (rigors) OR temp over 37.9°C or 36°C pyelonephritis in <u>CAUTI</u>, considering resistance risk or below[†] refer if symptoms/signs suggest further investigation [†]rule out other causes - see box 6 below or hospitalisation is required **NO** 3. CHECK ALL FOR NEW symptoms/signs of CAUTI 4. CAUTI LIKELY: share self-care and safety-netting fever, this could be a temperature 1.5°C above advice using TARGET UTI leaflet patient's normal twice in the last 12 hours YES • if urinary catheter for over 7 days consider changing (if new or worsening delirium/functional decline possible remove) as soon as possible, but do not delay antibiotics new suprapubic pain obtain urine specimen before antibiotics are taken and visible haematuria send for culture (from new catheter if changed) if fever and delirium/functional decline only: exclude offer immediate antibiotics using local/<u>national</u> other infections before treating solely for CAUTI (box 6) prescribing guidelines check for catheter blockage/outflow and consider review antibiotic choice with culture result catheter removal or replacement

see age specific UTI diagnostic decision tool for additional symptoms to consider if catheter has been removed in previous 48 hours

5. CHECK for other causes of delirium if relevant (PINCH ME)

NO

P: Pain

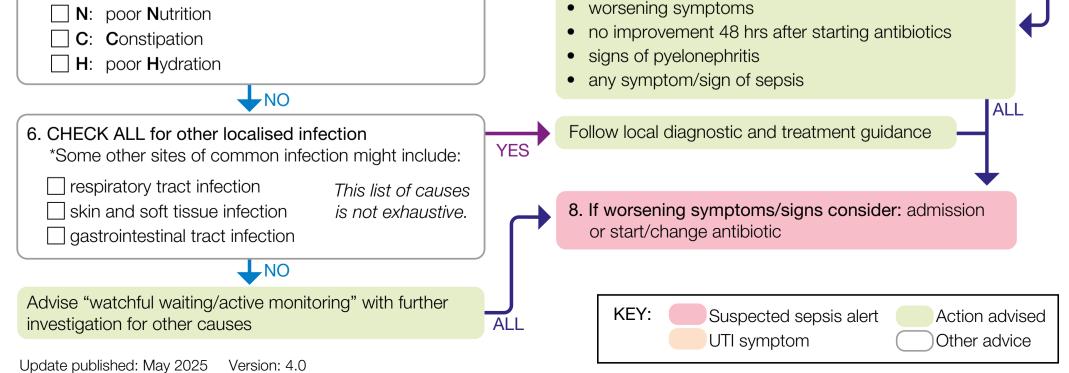
I: other Infection*

- **M**: other **M**edication
 - E: Environment change

Consider other local/national resources for delirium management

7. Give safety-netting advice about consulting if:





YES